

GUNNISON POLICE DEPARTMENT  
CIVILIAN EMPLOYMENT APPLICATION

**READ CAREFULLY**

The following instructions are furnished as a guide to assist you in completing the application packet. This form must be complete and detailed in all respects. It is the basis for determining your qualifications for employment with the Gunnison Police Department.

**FOLLOW DIRECTIONS COMPLETELY AND CAREFULLY**

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY. If a question does not apply, enter N/A in the space provided. Falsification or failure to include information as directed will be considered just grounds for non-acceptance, or termination if already employed.

Avoid errors by reading the directions carefully before making any entries on the form. DO NOT PROVIDE ANY MATERIALS THAT ARE NOT SPECIFICALLY REQUESTED IN THIS PACKET. Do verify all addresses and telephone numbers you provide. Do research your information carefully.

If you need additional space to properly answer any question please use the back of the page on which the question appears.

All answers are to be legibly printed in ink.

**QUALIFICATION**

- Must be 18 years of age or older
- Meet City Residency Requirements
- Graduated from high school or GED
- No felony or serious Misdemeanor convictions
- No criminal charges or controlled substance use in the last 36 months
- Must be able to communicate using English both verbally and in writing
- Background check will be conducted

**SELECTION PROCESS**

Will consist of written testing and oral interviews consistent with position applying for.

## IDENTIFICATION INFORMATION

09/06

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**EDUCATION HISTORY:** Please list all High Schools, Colleges, Universities, Trade Schools, Business Schools, or Academies attended. Begin with the most recent and list in sequence to the earliest. Attach copies of transcripts, certificates or diplomas awarded.

SCHOOL NAME	ADDRESS	DATES ATTENDED	DIPLOMAS/ CERTIFICATES	HOURS EARNED
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	

P.O.S.T. ACADEMY	ADDRESS	DATES ATTENDED	CERTIFICATION	HOURS EARNED
			YES NO	
			YES NO	

Total Number of college SEMESTER hours completed \_\_\_\_\_

What was your major? \_\_\_\_\_

What was your minor? \_\_\_\_\_

List any degrees earned \_\_\_\_\_

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Please list any classes, courses, or training (not shown above) that may have a bearing on your qualifications for the position.

SCHOOL NAME	ADDRESS	DATES ATTENDED	CERTIFICATES	HOURS EARNED
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	
			YES NO	

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**Employment History:** Please begin with your present or most recent job.

From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**ARREST INFORMATION:** Have you ever been arrested, detained by police, or summoned to court? NO\_\_\_\_ YES \_\_\_\_\_

If yes, complete the following for juvenile & adult contacts as well as any military justice incidents:

OFFENSE	AGENCY	DATE	DISPOSITION

**TRAFFIC HISTORY:** Please describe all traffic violations you have received, including juvenile violations.

VIOLATION	AGENCY	DATE	DISPOSITION

Provide a brief description of all traffic accidents in which you have been involved giving approximate dates and locations:

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Has your driving privilege ever been suspended or revoked: NO\_\_\_\_ YES \_\_\_\_\_, if yes, provide details:

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REFERENCES: List five (5) personal references that have known you a minimum of five (5) years that can speak to your qualifications, character, and personal goals. References may not be related or involved in a relationship with you, or previous employers or supervisors.

Name : \_\_\_\_\_ Phone : \_\_\_\_\_

Address : \_\_\_\_\_

Name : \_\_\_\_\_ Phone : \_\_\_\_\_

Address : \_\_\_\_\_

Name : \_\_\_\_\_ Phone : \_\_\_\_\_

Address : \_\_\_\_\_

Name : \_\_\_\_\_ Phone : \_\_\_\_\_

Address : \_\_\_\_\_

Name : \_\_\_\_\_ Phone : \_\_\_\_\_

Address : \_\_\_\_\_

I certify that this application is true and correct to the best of my knowledge. I understand that falsification or failure to include information as directed, or to complete any portion of this application, will result in disqualification from the process.

\_\_\_\_\_  
Signature Date

Personal Inquiry Waiver

To Whom It May Concern:

09/06

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I respectfully request and authorize you to furnish the Gunnison Police Department any and all information that you may have concerning me, my work record, my reputation, my financial and credit status. Please include any and all medical, physical and mental records or reports, including all information of confidential or privileged nature, and photocopies of same if requested. This information is to be used to assist the Gunnison Police Department in determining my qualifications and fitness for the position I am seeking with the Gunnison Police Department.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicant's printed name: \_\_\_\_\_

Other names applicant has used: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

State of Colorado        }  
County of Gunnison    }

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me,

Personally appeared \_\_\_\_\_

\_\_ personally known to me or \_\_ proved to me on the basis of satisfactory evidence to be the person whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument

WITNESS my hand and official seal:

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_